

RECEIVED
FEB 12 2018
Dept. of Environmental Quality

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

I. TYPE OF NOTICE: Original Revision Canceled
 Annual Info. Only

II. TYPE OF PROJECT: Renovation Demolition
 Ordered Demolition Emergency Renovation

III. SITE INFORMATION: Name _____
Description: VACANT HOUSES
Address: 219, 221 & 223 3RD AV S
City: Columbus County: LOWNDES State: MS ZIP: 39701
Contact Person: ROBYN EASTMAN Telephone: 662-329-5600

IV. OWNER INFORMATION: Name: B.H. PROPERTIES
Full Mailing Address: 102 TEMPLE COVE COLUMBUS, MS 39702
Contact Person: ROBYN EASTMAN Telephone: 662-329-5600

V. ASBESTOS REMOVAL CONTRACTOR: Name: EDWARD CLAY
Certification No: ABI-00006198 Expiration Date: 03-23-18
Full Mailing Address: 4546 CALSTEENS RD
Contact Person: ED CLAY Telephone: 662-386-6386

VI. CONTRACTOR (Other): Name: TO BE DETERMINED
Full Mailing Address: _____
Contact Person: _____ Telephone: _____

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 02/24/18 Removal Project Stop: 03/07/18

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 03/05/18 Project Stop: 03/15/18 Prep. Date: 1/1

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): _____ Bldg. Size (LNFT): _____
No. of Floors: _____ Age in Years: 50+
Present Use: VACANT Prior Use: FAMILY DWELLINGS

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos: Yes No
Inspection Date: 2/2/18 Asbestos Present? Yes No
Inspector: ED CLAY Cert No: ABI-00006706 Expiration Date: 07-20-18
Identify suspect materials sampled: ROOFING FLOORING, DRYWALL, TEXTURE, SEALANTS, SIDING
Laboratory Analysis: TEM _____ PLM X Other _____
Name of Laboratory: CRISP ANALYTICAL (CA LABS)

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) _____ Surface Area (SQ FT) _____
Volume of Facility Components (CU FT) _____

XII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED TO BE REMOVED:
Category I: _____ Category II: 16,200

XIII. WASTE TRANSPORTER: Name: GO BOX
Full Mailing Address: 100 ROSEBREST DRIVE
Contact Person: PAM BOLIN Telephone: 662-328-5642

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: ROBO LANDFILL
 Physical Location: 6447 WAHALLARD
 Full Mailing Address: 6447 WAHALLARD SCOBBA, MS 39358
 Contact Person: ROLAND EDMONDS Telephone: 662-793-4795
 *All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
 Name: COLUMBUS LANDFILL
 Physical Location: 2122 ARMSTRONG RD
 Full Mailing Address: 2122 ARMSTRONG RD COLUMBUS, MS 39702
 Contact Person: _____ Telephone: 662-329-5115
 *All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/RENOVATION PROCEDURES TO BE USED (Check all that apply):

<input type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input type="checkbox"/> Bulldozer
<input type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
HOUSES to be ABATED, DEMOLISHED, AND DISPOSED OF
IN LANDFILL.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
CEASE WORK & CONTACT OWNER
 *Will MDEQ be notified of any significant changes? Yes No

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
 Name: _____ Title: _____
 Authority: _____
 Date of Order: _____ Date Demolition to Begin: _____

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: ____/____/____ Time: ____:____:____
 Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:

XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

I certify that all of the above information is correct.

Ed Clay OWNER _____ Ed Clay Signature _____ 02-20-18 Date

Type or Print Name & Title _____

MAIL TO: Office of Pollution Control Physical Address 515 Amite Street
 P.O. Box 2261 Jackson, MS 39201
 Jackson, MS 39225 (601) 961-5171